

Congress of the United States

U.S. House of Representatives
Office of the Democratic Leader
H-204, U.S. Capitol
Washington, D.C. 20515-6537
(202) 225-0100

Democratic Page Application

Declaration of Parental Consent

We, _____ and
_____, are the parents (or legal
guardians) of and give our consent to
_____, to apply for an appointment
to serve as a Democratic Page in the U.S. House of Representatives, beginning
_____, 20_____.

Mother or Guardian's signature

Father or Guardian's signature

Street Address

City

State

Zip

Telephone Numbers:

Home: _____
(area code)

Office: _____
(area code)

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR
APPLICATION.**